

Community Foundations for Civic Health Planning Grant Application

Rhode Island Foundation

Instructions for Completing this Application

Saving your Work

Your progress saves automatically as you work. To save manually, click the '**Save Application**' button at the bottom of this application. Return to your draft application anytime via your Dashboard by clicking the '**Continue**' button from the left-hand column of your Dashboard, or by clicking the '**Application**' link under the Action Needed column of your Dashboard.

Collaboration

Working with a team? Use the blue '**Collaborate**' button in the top-right corner to invite colleagues to work on the application together.

For more information on this feature, see this [Collaborator Article](#).

Deadline

All deadlines occur at 3:00 PM on the day listed on our website. The deadline for this program (date and time) appears at the top of this application, just above these instructions. Please allow ample time to complete and submit your application before the deadline.

Eligibility and Organizational Information

Total Organization Budget*

Character Limit: 20

Geographic Area Served*

Describe the counties, municipalities, tribal communities, or regions served by your community foundation.

Character Limit: 1500

Mission Statement*

Character Limit: 1000

Founding Year**Character Limit: 4*

Community Foundations Civic Health Continuum Assessment

Current Civic Health Continuum Stage*

Please identify the stage that best describes your foundation's current civic health work. Details about the Community Foundations Civic Health Continuum can be found [here](#).

Choices

Explorer
Adopter
Integrator
Exemplar

Civic Health Continuum Justification*

Please describe why you selected this engagement continuum stage. Include examples of civic health activities, organizational practices, partnerships, and outcomes that support your self-assessment.

*Character Limit: 3000***CFCH Participation***

Select all that apply.

Choices

Participated in a CFCH Summit
Participated in CFCH Virtual Learning Series
Attended all CFCH Virtual Learning Series sessions
Participated in a CFCH Webinar
CFLeads Investor
Plan to become a CFLeads Investor during the grant term
None of the Above

Civic Health Experience*

Please describe your organization's prior civic health efforts, partnerships, learning activities, or investments.

*Character Limit: 3000***Current Civic Health Funding***

How would you describe your foundation's current approach to funding civic health work?
Select all that apply.

Choices

Funded with unrestricted dollars, either through a dedicated civic health program or another program
Funded through donor stewardship (e.g. DAF recommendations, pooled funds, legacy planned giving)
Funded through donor & foundation directed dollars (e.g. field of interest funds, designated funds)
We fund it through support from external sources (e.g. foundation/government grants)
We're new to this work and haven't yet funded it
Other (please describe below)

Current Civic Health Funding (Other)

If you selected 'Other' above, please describe your funding approach here.

Character Limit: 250

Current Civic Health Fundraising*

How would you rate your foundation's current skills and competencies in fundraising for civic health work?

Choices

Very confident — we have strong existing expertise
Somewhat confident — we have some experience, but room to grow
Limited confidence — we're still building this skill set
Not confident — this is entirely new territory for us

Civic Health Funding Ecosystem Support*

Have you received funding from any of the following organizations? Select all that apply.

Choices

Council on Foundations grant recipient (in past 3 years)
Trust for Civic Life grant recipient (in past 3 years)
None of the above

Proposal Questions

Amount Requested*

(\$10,000 - \$50,000)

Character Limit: 20

Project Title*

Character Limit: 100

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Project Narrative

Executive Summary*

Please provide a concise summary of the proposed work, including the need, major activities, expected outcomes, and how the work will strengthen civic health in your community.

Character Limit: 1500

Civic Health Opportunity*

Describe the civic health opportunity, challenge, or gap your foundation seeks to address.

Character Limit: 3000

Community Context*

Describe the community or communities that will benefit from this work. Include relevant demographic, civic, cultural, geographic, or socioeconomic characteristics.

Character Limit: 3000

Partnerships and Community Engagement*

Describe the stakeholders, partners, community leaders, and residents involved in the proposed work. If this work is internally focused on your organization, please specify the group or groups (e.g. board, staff, team on staff) who will be part of the work. Explain how they informed or will inform project design and implementation.

Character Limit: 3000

Goals and Activities*

What are your proposed goals and activities during the grant period?

Please include:

- Major milestones
- Key activities
- Proposed storytelling artifact
- Timelines
- Staff and partner roles

Please note: reporting will need to include the number of people in your community that you are able to engage due to receipt of the Planning Grant.

Character Limit: 4000

Advancing Along the Civic Health Continuum*

How will this grant help your organization progress along the Community Foundation Civic Health Continuum?

Character Limit: 2500

Learning and Capacity Building*

Describe the knowledge, skills, systems, or organizational capacities your foundation expects to gain through this work.

Character Limit: 2500

Outcomes and Evaluation

Expected Outcomes*

Identify the outcomes that will demonstrate success. Include both organizational and community-level outcomes where applicable.

Character Limit: 4000

Measurement Approach*

How will you measure progress toward your goals and outcomes?

Please describe:

- Data sources
- Indicators
- Evaluation tools
- Reporting plans

Character Limit: 4000

Data Tracking*

Do you agree to track the number of people in your community you engage through this planning grant?

Choices

Yes

No

Risk Assessment

Challenges and Risks*

Describe major challenges or barriers that may affect implementation. Explain how you plan to address them.

Character Limit: 3000

Matching Funds and Sustainability

Matching Requirement*

Please describe how you will satisfy the grant's 20% matching requirement. Raised dollars or staff time on task may serve as a match.

Character Limit: 2000

Matching Sources

Provide a breakdown of anticipated matching contributions.

Source	Cash	In-Kind
Foundation Operating Funds		
Donor Contributions		
Staff Time		
Other		

Long-Term Sustainability*

How will the work continue beyond the grant period?

Character Limit: 3000

Local Resource Development*

Describe efforts to build local support, fundraising capacity, or long-term investment in civic health.

Character Limit: 3000

Budget Narrative

Budget Explanation*

Explain how grant funds will be used and how expenditures align with proposed activities.

Character Limit: 3000

Total Proposal Budget*

Character Limit: 20

Total Matching Contribution*

Character Limit: 20

Total Foundation-directed Grantmaking Budget*

(ie. not DAF, not FOI; unrestricted funds only)

Character Limit: 20

Technical Assistance

Technical Assistance Needs*

Beyond funding, what forms of support would be most valuable?

Select all that apply.

Choices

Evaluation and measurement
Fundraising
Community engagement
Strategic planning
Communications
Partnership development
Data collection and analysis
Board development
Civic health learning
Other

Additional Technical Assistance Description

Character Limit: 1500

Attachments

Project Budget*

File Size Limit: 10 MB

Organizational Budget*

File Size Limit: 10 MB

Board Member/ED letter of support*

File Size Limit: 5 MB

Strategic Plan (or equivalent)

File Size Limit: 10 MB

Civic Health Strategy

File Size Limit: 5 MB

Additional Attachments

File Size Limit: 5 MB

Final Certification

Certification Statement*

I certify that the information contained in this application is accurate and complete to the best of my knowledge and that our organization is prepared to fulfill the requirements of the CFCH grant program.

Choices

Yes